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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		8)	Complete if Known				
FEE TRANSMITTAL for FY 2010		· I	Application Number 10/580,663				
		Filing I		3/23/2007			
		First N	lamed Inventor	Elbaum et al.			
Applicant claims small entity status. See 37 CFR 1.27		Exami	ner Name	D. St Cyr			
		Art Un	it	2876			
TOTAL AMOUNT OF PAYMENT	(\$) 390	Attorne	ey Docket No.	1866.01-8624US (F1577106/MJG)			
METHOD OF PAYMENT (check all that apply)							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :							
☐ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
Under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SE			ARCH FEES EXAMINAT				
A 15 - 45 T	Small Entity	F (A)	Small Entir		all Entity	Face Daid (#)	
Application Type Fee (\$		Fee(\$)	<u>Fee(\$)</u>		ee(\$)	Fees Paid (\$)	
Utility 330	82	540 100	270 50	220 1 140	10 70		
Design 220 Plant 220	110 110	330	165		85		
Reissue 330	165	540	270		25		
Provisional 220	110	0	0	050	0		
2. EXCESS CLAIM FEES		v	v	· ·		Small Entity	
Fee Description						Fee (\$)	
Each claim over 20 (including Reissues)					Fee (\$) 52	26	
Each independent claim over 3 (including Reissues)					220	110	
Multiple dependent claims Tatal Claims First Claims For Paid (\$)					390	195 Dependent Claims	
Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims 45 -20 or HP= 15 x 26 = 390							
(applicant previously paid for 10 additional claims)							
(applicant previously paid in	or to additional dialitie)	'					
HP = highest number of total claims	s paid for if greater than 20						
Indep. Claims Extra Claims Fee(\$) Fee Paid (\$)							
$\frac{2}{2}$ -3 or HP= $\frac{0}{2}$ x $\frac{1}{2}$ = $\frac{0}{2}$							
HP = highest number of independe	nt claims paid for, if greater th						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra				r fraction thereof	Fee (\$)	Fee Paid (\$)	
100 =			to a whole r			=	
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
SUBMITTED BY							
			Registration No.	20.546	T	00: 5 :	
Signature au	~	:	(Attorney/Agent)	30,549	Telephor		
Name (Print/Type) Laurende B. Bond Date 19 July 2011							

This collection of information is required by 37 CFR 1.186. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.